



**DeKalb County**  
**Department of Purchasing and Contracting**  
**Contract Compliance Division**

**APPLICATION FOR RE-CERTIFICATION**

Contact Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Street City County State Zip Code

Mailing Address: \_\_\_\_\_

(If different) Street City County State Zip Code

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Applying for recertification as: ☐ LSBE-DeKalb ☐ LSBE-MSA ☐ MBE ☐ WBE (check all that apply).

Description of Business/Services: \_\_\_\_\_

**PLEASE ATTACH THE FOLLOWING DOCUMENTS FOR RE-CERTIFICATION.**

| Your Application cannot be processed without all of the following:   | Please (✓) to verify that you have attached the documents. |            |
|--|--|------------|
| A copy of your business license for the current and prior year   | Included   | (yes) (no) |
| A copy of all financial statements for the past year.  | Included   | (yes) (no) |
| For LSBE RE-CERTIFICATION you must complete a <u>personal net worth form for each Owner</u> . (Not required for other certifications.)   | Included   | (yes) (no) |
| A <u>signed</u> copy of your firm's corporate income tax return including all schedules for the current and prior year.<br>(If an income tax return has not been filed for the current tax year, please attach an attested copy of your request for an extension and a copy of an up-to-date financial statement.) | Included   | (yes) (no) |
| Copy of lease, rental or management agreement for business premises, including local business phone number, OR a copy of your deed if the premise is owned. For home based businesses, include a copy of the deed OR rental agreement AND a notarized statement that the business is home based.                   | Included   | (yes) (no) |
| ATTACHMENT "A" AFFIDAVIT (SAVE AFFIDAVIT)  | Included   | (yes) (no) |

**Business Ownership and Control:**

| Name of Owner | Percentage of Ownership | Race or Ethnicity<br>(For Tracking Purposes Only) | Gender<br>(For Tracking Purposes Only) |
|---------------|-------------------------|---|--|
|               |                         |   |  |
|               |                         |   |  |
|               |                         |   |  |

- Are there any changes in the primary field of operation of the firm? ☐ yes ☐ no
- Has the structure of the firm changed in the last two years? ☐ yes ☐ no
- Have there been any changes to the ownership or control of the firm? ☐ yes ☐ no  
*If you answered "yes" to any of the above, please attach a detailed explanation on a separate sheet.*
- How is your IRS tax reporting completed? ☐ Calendar Year ☐ Fiscal Year, list year end date: \_\_\_\_\_.
- Annual Gross Receipts for the current year and previous two years:  
\$ \_\_\_\_\_ Year \_\_\_\_\_ (Example 2011)  
\$ \_\_\_\_\_ Year \_\_\_\_\_  
\$ \_\_\_\_\_ Year \_\_\_\_\_

**(OVER)** PLEASE COMPLETE PAGE TWO

**FOR LSBE RE-CERTIFICATION ONLY:** You **must** complete the following for **each** owner.

| Name of Owner | Personal Net Worth (including a spouse or adult child's net worth but Excluding the individual's ownership interest in their primary residence) |
|---------------|---|
|               |   |
|               |   |
|               |   |
|               |   |

*Make sure information submitted above matches the information submitted in the REQUIRED Personal Net Worth Form(s)*

**AFFIDAVIT**

The undersigned swears that the foregoing statements are true and correct and includes all the material information necessary to identify and explain the operations and the ownership of the firm. The undersigned further attests that the ownership and control of the firm seeking recertification rests with an eligible minority, local small business or women owner. Any misrepresentation will be grounds for terminating any contract which may have been awarded and/or for de-certification as a MBE, WBE and/or LSBE. Further, DeKalb County reserves the right to initiate such action as is available under Federal or State Law concerning false statements. The undersigned agrees to inform the DeKalb County Department of Purchasing and Contracting, Contract Compliance Division, of any significant change in the information submitted. Such changes would include the dissolution of the business, the sale of all or any part of the business to another party, changes in the day-to-day control of the firm, changes in the nature of work performed by the firm and other circumstances which could have a bearing on the eligibility of the firm to continue to meet the criteria for certification.

Firm Owner/Officer \_\_\_\_\_  
(Signature) (Printed Name)

Affix Corporate Seal:

Title: \_\_\_\_\_  
(Print)

Date: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

PLEASE RETURN THIS **COMPLETED** APPLICATION AND **ALL** DOCUMENTS TO:

**DeKalb County**  
**Department of Purchasing and Contracting**  
**Contract Compliance Division**  
**1300 Commerce Drive, 2nd Floor, Decatur, Georgia**  
**30030 404-371-7051**

( Applicant Firm: \_\_\_\_\_ )

**ATTACHMENT "A"**  
**O.C.G.A. § 50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for a(n) LSBE, MBE and/or WBE Certification, as referenced in O.C.G.A. § 50-36-1, from DeKalb County Government, Department of Purchasing and Contracting, Contract Compliance Division, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:\_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit. Refer to the following link for documents that are verifiable for identification purposes:

[https://etax.dor.ga.gov/ctr/2013\\_Secure\\_and\\_Verifiable\\_Document\\_Listing.pdf](https://etax.dor.ga.gov/ctr/2013_Secure_and_Verifiable_Document_Listing.pdf)

The secure and verifiable **document provided with** this affidavit can best be classified as: \_\_\_\_\_.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant  
SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:

**COMPLETION OF THIS FORM IS MANDATORY.**

# APPENDIX A CONFIDENTIAL

## PERSONAL FINANCIAL STATEMENT

As of (date): \_\_\_\_\_

(Both pages must be completed by each applicant owner - This form may be copied)

|   |                 |  |                 |
|---|-----------------|--|-----------------|
| Name  |                 | Business Phone   |                 |
| Residence Address   |                 | Residence Phone  |                 |
| City, State & Zip Code  |                 |  |                 |
| Name of Applicant Firm  |                 |  |                 |
| <b>ASSETS</b>   | (Omit Cents)    | <b>LIABILITIES</b>   | (Omit Cents)    |
| Cash on Hand and in Banks   | \$ _____        | Accounts Payable   | \$ _____        |
| Savings Accounts  | \$ _____        | Notes Payable to Banks and Others<br>(Describe in Section 1)                           | \$ _____        |
| IRA or Other Retirement Account   | \$ _____        | Installment account (Auto)   | \$ _____        |
| Accounts and Notes Receivables  | \$ _____        | Installment Account (Other)  | \$ _____        |
| Whole Life Insurance - Cash Surrender Value Only.<br>(Complete Section 7) | \$ _____        | Loan on Life Insurance   |                 |
| Stocks and Bonds<br>(Describe in Section 2)                               | \$ _____        | Mortgages on Real Estate<br>(Describe in Section 3)                                    | \$ _____        |
| Real Estate<br>(Describe in Section 3)                                    | \$ _____        | Unpaid Taxes<br>(Describe in Section 5)  | \$ _____        |
| Automobile(s)- Present Value  | \$ _____        | Other Liabilities<br>(Describe in Section 6)   | \$ _____        |
| Other Personal Property<br>(Describe in Section 4)                        | \$ _____        | <b>Total Liabilities</b>   | <b>\$ _____</b> |
| Other Assets<br>(Describe in Section 4)                                   | \$ _____        | <b>Net Worth</b> (Total Assets minus Total Liabilities)<br><b>(DO NOT LEAVE BLANK)</b> | <b>\$ _____</b> |
| <b>Total Assets</b>   | <b>\$ _____</b> |  |                 |
| <b>Source of Income</b>   |                 | <b>Contingent Liabilities</b>  |                 |
| Salary  | \$ _____        | As Endorser or Co- Maker   | \$ _____        |
| Net Investment Income   | \$ _____        | Legal Claims & Judgments   | \$ _____        |
| Real Estate Income  | \$ _____        | Provisions for Federal Income  | \$ _____        |
| Other Income  | \$ _____        | Other Special Debt   | \$ _____        |

**Section 1. Notes Payable to Bank and Others** (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

| Name and Address of Noteholder (s) | Original Balance | Current Balance | Payment Amount | Frequency monthly etc. | How Secured or Endorsed Type Collateral |
|------------------------------------|------------------|-----------------|----------------|------------------------|---|
|                                    |                  |                 |                |                        |   |
|                                    |                  |                 |                |                        |   |
|                                    |                  |                 |                |                        |   |

**Section 2. Stocks and Bonds** (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

| Number of Shares | Name of Securities | Cost | Market Value Quotation/ Exchange | Date of Quotation/Exchange | Total Value |
|------------------|--------------------|------|----------------------------------|----------------------------|-------------|
|                  |                    |      |                                  |                            |             |
|                  |                    |      |                                  |                            |             |
|                  |                    |      |                                  |                            |             |

**Section 3. Real Estate Owned** (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

|                                     | Property A | Property B | Property C |
|-------------------------------------|------------|------------|------------|
| Type of Property                    |            |            |            |
| Address                             |            |            |            |
| Date Purchased                      |            |            |            |
| Original Cost                       |            |            |            |
| Present Market Value                |            |            |            |
| Name and Address of Mortgage Holder |            |            |            |
| Mortgage Account Number             |            |            |            |
| Mortgage Balance                    |            |            |            |
| Amount of Payment per Month/ Year   |            |            |            |
| Status of Mortgage                  |            |            |            |

**Section 4. Other Personal Property and Other Assets** (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment. If delinquent, describe delinquency.)

**Section 5. Unpaid Taxes** (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

**Section 6. Other Liabilities** (Describe in detail.)

**Section 7. Life Insurance Held** (Give face amount and cash surrender value of policies- name of insurance company and beneficiaries.)

I authorize the Purchasing and Contracting Department, Contract Compliance Division, to verify the accuracy of the statements made in Order to determine whether I meet the standards for certification as a LSBE. These statements are true and correct to the best of my Belief.

|                             |                            |
|-----------------------------|----------------------------|
| <b>Printed/ Typed name:</b> | <b>Signature and Date:</b> |
|                             |                            |